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HEADQUARTERS
UNITED STATES ARMY FORCES IN THE FAR EAST
OFFICE OF THE THEATER SURGEON

~~Circular~~ Letter No. 10

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THE DISPOSITION BOARD

1. Responsibility. Hospital commanders are responsible for the care and treatment of such patients as are admitted to their hospitals. The hospital commander is also responsible for the disposition of patients in conformity with the policies laid down by higher authority. In order to assist the commanding officer in the latter function it has been found practicable to appoint a disposition board of experienced officers.

2. Nature of the Board. The function of the disposition board is purely an advisory one. The commanding officer accepts or rejects the advice of the board as he deems best. If he finds that the board is unable to give him acceptable advice he appoints a new board or directs such disposition of the patient as he deems appropriate.

3. Composition of the Board. The board should be composed of officers who are not only well qualified professionally but who, as a result of experience, are able to evaluate the effect of a disability on the patient's capacity for military service. It is the usual practice to appoint the Chiefs of the Medical and Surgical Services with one ore more of their assistants. It has been found practicable to constitute a board of five (5) members and state in the order appointing it that any three (3) members will constitute a quorum and that the report of this board will be signed by the three senior officers present. This makes it unnecessary to get out a new order every time a member of the board is absent for any reason.

4. Boards in Southwest Pacific Theater. In the United States the disposition board ordinarily examines only officers, nurses and warrant officers though its scope may be enlarged by the commanding officer. Enlisted men are examined by another board, the CDD board. In this theater inasmuch as officers are not retired and enlisted men are not discharged for disability, the disposition boards are concerned principally with the decision as to physical capacity for continued service in the theater. In case the examinee is considered physically incapacitated for such service, a recommendation should be made for his return to the United States for further examination, observation and final disposition.

5. Appearance before the Board. Patients ordinarily are brought before the disposition board only after the chief of service has approved the appearance. The time consumed in consideration of "run-of-the-mill" cases can thus be reduced. The board functions largely to demonstrate the practical implementation of the policies of the commanding officer and higher headquarters in the disposition of personnel with physical or mental disabilities, to set limits on quantitative questions, and to establish precedents for the guidance of chiefs of service and ward officers.

6. Time of Appearance Before the Board. Patients whose medical condition is such that evacuation to the United States will be required, should be considered by the board as soon as the disabling condition is recognized. In consequence, some boarded patients will not be physically fit for travel at the time of boarding. Those who are not, will not be embarked merely because transportation is available. There is no obligation on the part of

hospital commanders to embark patients in the order of their appearance before the board. Early boarding reduces the time of occupancy of hospital beds in the theater since command and staff procedures preparatory to medical evacuation may proceed simultaneously with the patients clinical improvement.

7. Regulations Governing Board Action. Attention is invited to the following directives. All disposition board members should be familiar with these and keep up with changes as they occur.

a. WD Circulars. 1944 Circulars, 100, 164, 212, 217, 316, 370, 409, 447, 458, and 1945 Circular 81 apply at present.

b. USAFFE Circulars. 1944 Circular 14 and 1945 Circular 42 apply at present.

c. USAFFE Regulation 50-25. The regulation dated 1 Nov 44 and changes 1, 2 and 3 as amended by Section I, USAFFE Circular 2, 1945, apply at present.

d. USASOS Regulations 50-15 and 50-25. The current 50-15 is dated 21 Dec 44, and the current 50-25 is dated 15 Feb 1945.

e. Army Regulations 40-590, 40-1025, 615-360, 615-361, 615-368, 615-369.

f. Mobilization Regulations 1-9 and supplement.

10. Limitation in Board Action.

a. A clear distinction is to be made between the medically unfit and those who are to be handled through administrative channels. Medical channels for evacuation are designed for the disposition of individuals who are sick or injured. Non-effectives who are not medically disabled are to be disposed of by the command through non-medical channels. Boards should confine themselves strictly to their proper field, the evaluation of the physical fitness of the examinee, and should be influenced by no other consideration. The duration of service overseas, the desire of the examinee to return home, the fact that he is unhappy, or that he could be more usefully employed in some other place or capacity, are not matters for action by the board. It is not the function of the Medical Department or of disposition boards to supplement the policy for the rotation of personnel, to correct its supposed deficiencies, or to correct or mitigate the effects of assumed faults in personnel placement.

b. Personnel in flying status who show situational reactions or combat fatigue should be disposed of through Air Force Administrative channels. In this connection, attention is called to the desirability of utilizing experienced flight surgeons in an advisory capacity when flying personnel are being examined by disposition boards.

c. The diagnosis of constitutional psychopathic state, chronic alcoholism, mental deficiency, habit disturbance, drug addiction,

simple adult maladjustment, emotional immaturity, neurotic traits, or conditions closely allied to these defects does not constitute sufficient basis for the recommendation of medical evacuation. The combination of neurotic traits or emotional immaturity with any of the other diagnoses given above does not justify the diagnosis of psychoneurosis.

11. Line of Duty Status. The board will determine the line of duty in each case in accordance with par. 63-65, AR 40-1025, dated 12 December 1944 or W.D. Circular 458, dated 2 December 1944.

12. Code Classification for Evacuation. Each patient will be classified for the evacuation accomodations required in accordance with paragraph 18, USASOS Regulation 50-15. Classification will be 1A, 1B, 1C, 2,3,4, or 5. Codes 1 AE or 1 AS will not be used by disposition boards. A system of reviewing frequently the accomodation classifications to determine whether patients have recovered sufficiently to be placed in a higher group is essential in each hospital. Patients need not be reboarded when the classification is changed except as mentioned in paragraph 14 below, but the base surgeon must be informed of the change in accordance with local instructions.

13. Disposition Board Reports. Clerical service for the disposition boards should be so organized that typed reports are signed by board members and approved by the commanding officer within 24 hours of the closing of the board.

14. Recission of Board Report.

a. When, following boarding, the condition of a patient changes unexpectedly in respect to any of the matters listed below, a subsequent board report should include the corrected data:

(1) Class 1C, 2, 3, 4, or 5 patient becomes psychotic or suicidal.
(2) A new medical condition develops or is discovered requiring emergency evacuation.
(3) Boarded patient dies.
(4) Boarded patient recovers sufficiently to be returned to duty.

b. The subsequent board report should refer to the previous report and rescind the paragraph requiring change with a statement substantially as follows for cases under (1) and (2) above:

"21. Paragraph 12, Report of Disposition Board Proceedings. No. 52, this headquarters, dated 30 May 1945, is rescinded and changed to read as follows:" "For cases under (3) and (4) above, the statement would end with the word "rescinded".

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